Fealth Department,	City of Ba	ltimore.
Permit No. 99430 Office of Registra	r of Vital Statisti	cs. Ward 8
The Baysician who attended any person in a last illness, is re out, to the Undertaker or other person superintending the bar sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obta	ist, within townty-four hours af	fter the death of said deceased, or
CERTIFICATE		
Date of Death, Aul 2	2/87	
Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}	lary a	amen
Sex, Maleor Female, {Cross out the word not } required in this line.		
Age, 7 3 Years,	Months,	Days
Color,	white	
Married, Single, Widow or Widower, {Cross out the wo required in this	ords not }	1/
Occupation,	·	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	c 5	V
Duration of Residence in the City of Baltimore,		
Place of Death, {Give Street and }	930 E E	182 12
) First (Primary),	авысел	7
Cause of Death, Second (Immediate),	It haves	tini
Duration of Last Sickness,	3 mos	
All the above infermation should be furnished by the Physician. Place of Burial, Western Cimetery	1	
Date of Burial, April 24 th	Mula	mer_ M.D.
(Undertaker, H. C. Wiedell	1	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The opecial attention of Physicians is Respectivity Invited to the Re	emarks below, and to	List of Diseases on back of this	Certificate.
Bealth Department,	City of	Baltimore.	A.C.
Permit No. 943 Office of Registres. The Physician who attended any person in a last illnes, is resp to the Undertaker or other person superintending the burial within requested so to do, under penalty of law. No Permit for Burial Cas be Obtain.	consider for the proper twenty four nours of the waste four nours of the waste four property of the waste for the	atistics. Ward with the death of said deceased, of the Certificate.	dely filled out, or sooner, if
CERTIFICATE	OF D	ÉATH.	
Date of Death, April	Herbert &	87	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Herbert &	mish	
Sex, Male or Female, {Cross out the word not }			
Age, Years,	7 Month	s,	Days.
Color, El		, /	
Married, Single, Widow or Widower, {Cross out the word	ls not }	1/	
Occupation,	<u>~</u>		****************
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Back		
Duration of Residence in the City of Baltimore,			
Place of Death, {Give Street and }	74 Vine	<i>S</i> L	
Cause of Death, { First (Primary), Second (Immediate),	ofing Con	chitis	
Duration of Last Sickness, All the above information should be furnished by the Physician.	bout a n	worth	
Place of Burial, Jaurel			
Date of Burial, Affined 23	117	Prinslow	
(Undertaker, Willadden	11.01	Madical Attendant	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The special accommon of Physicians is	Respectinity Invited to the	Kamarke halaw and to	
Bealth 3	Benartment	Mitn of	Baltimore.
10	Hina - Can A	AFREE MARK THE PARTY.	
requested so to do, under penalty of law No Permit Fo	erintending the purial, within or Burial can be Obtained	hventa four Down after	ion of this Certificate, accurately filled on
CERT	TFICATE	OF DE	CATH OF
Date of Death,	4	1, 22 1	184
Full Name of Deceased, {Write correct not no of par	e legibly and spell etly. If an Infant	Room	Kain
Sex, Male or Finale, Cross out the required in	e word not }		waver
Ane to 4	Years,		
Color, Mhi	a;	Months,	Days
Merried, Single, Willow or W	idower, {Cross out the words required in this lin	not }	
occupation,		Von	
Birth Place, State or country, and how long in the United States, if of foreign birth.		ger	many
Duration of Residence in the	City of Baltiplore,	- 200	NK.
lace of Death, Give Street and Number.	mst.	Ritte &	Listers Pour
$ause of Death, egin{cases} ext{First (Primary)}, \ ext{Second (Immedia)} \end{cases}$	to)	2	
uration of Last Sickness,		1 ma	(Dropey
lace of Burial, Holy Crass	d by the Physician.	1	
ate of Burial,	Part /or	b. 00	. 0
Undertaker, ME Blog	Dearns.	No I Snot	Ke Ben Com. D.
Place of Business, E. Loz	uland Skin		Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [over.]

Board of Mealth, City of Baltimore,		
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out the Undertaker of other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if equested so to do, under penalty of law. No Permit for Burial Can be Obtained without a Proper Certificate.		
CERTIFICATE OF DEATH.		
Date of Death, Write legibly and spell correctly. If an Infant not named, give names William Matthews		
Sex, Male or Female, {Cross out the word not } Age 19 Years. Months, Days,		
Age, 19 Years, 8 Months, Days, Color, White		
Married, Single, Widow or Widower, {Cross out the word not }		
Occupation Engineer Birthplace, {State or country, and how long in the United States.} Baltimore & Company of the United States.}		
Duration of Residence in the City of Baltimore, Let us		
Place of Death, (Give street and) Home of the Friendlass Cordinand Hell are First (Primary), Phthisis Pulsa.		
Cause of Death, Second (Immediate). Philippin Pulmonalis		
Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Oudon Sarth		
Date of Burial, april 34-1887 akBoul M. D. Medical Attendant.		
Place of Business, 738 Meetal Address, 311 Ev. Biddle 86		
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.		

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of

SECTION 2. And be it further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty enter the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Assention of Physicians	s is kespectivily invited to the r	temarks below, and to	List of Diseases on Back of th	is Certificate.
Health	Department,	City of	Baltimore.	-4
Permit No. 49434	Office of Registra			150
	ny person in a last illness, is response superintending the berials within law. IT FOR BURIAL CAN BE OBTAIN	onsible for the precent a twenty-four hours after the without a Prop	tion of this Certificate, accura- tive death of said deceased, EF CERTIFICATE.	tely filled out, or sooner, if
CER	TIFICATE	OF DI	EATH.	0
Date of Death, Moril	22-87			
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names	is Oliver	45 x /4.	
Sex, Male or Female, {Cross require	of parents. out the word not } red in this line.	***		
Age,	Years, 8	Months		Days
Color, White			•	
Married, Single, Widow o	* Widower, {Cross out the wor required in this	rds not }		
Occupation,	<u> </u>			
Birth Place, State or country, and long in the United Sif of foreign birth.	thow Balto City		<u> </u>	
Duration of Residence in		Lytim		
Place of Death, {Give Street an Number.	d} 424 S. Fu	- Se- (ne	w so)	
cause of Death,	mary), Scalding of mediate), Convenience		Tater) tim Lungs.	
Duration of Last Sickness All the above information should be		, 0		
Place of Burial, Mol.	Baime, Cem			
Date of Burial, Sur	if 24 1887)	7 00	3 1	
Undertaker, H. S.	under & Am	Franke C.	Medical Attendant.	M. D.
Place of Business, /108	to banton Six	Address, 17 11 /6	Baun St.	
	THE RESIDENCE OF THE PARTY OF T			

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City of Baltimore.
Permit No. 19435 Office of Region of Vital Statistics. Ward 15
to the Undertaker or other person superintending the burial, within treathy follows after the death of said decreased or several superintending the burial, within treathy follows after the death of said decreased or several superintending the burial within treathy follows.
requested so to do, under penalty of law. No Permit for Burgal can barrange without a Proper Certificate.
CERTIFICATE DEATH
Date of Death, in April 21
Full Name of Deceased, Write legibly and spell Alece Hason
Sex, Made or Female, {Cross out the word not } required in this line.}
Age, 15 Years, 6 Months, Days
Color, Best Best
Married, Single, Widow or Willower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 13
Place of Death, {Give Street and} 110 W. Mortforming The
Cause of Death, { First (Primary), Philipses. Pulmonales Second (Immediate), Africa
Ouration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, hannif Centers
Date of Burial, fryil 24 (88%) Reserved
Undertaker, Hereite 1908 5 1000 600 Medical Attendant.
Undertaker, Hereil 24 (88%) Who we will be the service of Business of Contract Address, 215 Lift de M. D.
xtract from Regulations of the Roard of Health to seems a full

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certific	ate.
Bealth Department, City of Baltimore. //	
Permit No. 99436 Office of Registrop Ward & Ward 1	
The Physician who attended any person in a last fillness, is responsible to resentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four the death of said deceased, or sooned requested so to do, under penalty of law. No Permit for Burial can be obtained without a Proper Certificate.	l out, r, if
CERTIFICATE OF DEATH.	
Date of Death, Ofril 33 1887	
Full Name of Deceased, Write legibly and spell or rectify. If an Infant not named, give names of parents.	
Sex, Male or Female, {Cross out the word not }	_
Age, 46, Years, 6 Months, 15 Da	ıys.
Color, White	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation, Commission muchant	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, 96 Leans	
Place of Death, {Give Street and } Levige Mar 603 Ball	
Cause of Death, Second (Immediate), Choleral morbus	
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, Treen Mount Com	
Date of Burial, Offre. 2,51/87) & Who	,
Undertaker, 13. Oool Medical Attendant.	D.
Place of Business, 1003 W Bell Adress, 816 h den Ares	S

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVES.]

rue special accountant of this icinus	s is nespectivity invited bosti	e nemarks below, and to	List of Diseases on	Back of this Certificate
Health	Department	dity of	Baltim	ore.
Permit No. 9943 /	Office of Registr	ar of Vital St	tatistics.	Ward
The Physician who attended ar to the Undertaker or other person s requested so to do, under penalty of No Permi	suberintending the burial with	hin twenty-four hours after	the death of said	ate, accurately filled out, deceased, or sooner, it
CER	TIFICATI	OF DI	EATH.	J. dtage
Date of Death,	U	free 26	5071.	Samuraco
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	lugaheth	H.X in	htner
Sex, Male or Female, Cross of require		TE	uace	
Age, Sexuty fire	Years,		,	Days
Color,		Meta		
Married, Single, Widow or	r Widower, Cross out the	words not }	ndew	1
Occupation,				
Birth Place, State or country, and long in the United S if of foreign birth.	how states,	Germa	7 0	
Duration of Residence in	the City of Baltimore	Therty ;	Here Je	Cer
Place of Death, {Give Street and Number.	1350	.Carolit	ell.	. /
Cause of Death, $\begin{cases} \text{First (Prin} \\ \text{Second (In} \end{cases}$	01	auction	~_	
Duration of Last Sickness		ie fai	lues	
Place of Buriak Trans	ty CEM. Traff	*Roffs 1	3/1	7
Date of Burial, April	244 1884	Valane	2000	relacu p

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited t	to the Remarks below	w, and to List of Diseas	ses on back of this Certificate
Bealth Departme	ent, City	of Balt	imore.
Permit No. 79438 Office of Regi	strar of Vi	tal Statistics.	Ward 20 %
The Physician who attended any person in a last illnes to the Undertaker or other person superintending the burial requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE	s, is responsible for t	he presentation of this hours after the death of	Certificate, accurately alled out of said deceased, or sooner, i
CERTIFICA	TE OF	DEAT	H. 1887
Date of Death,	Apr	nl 2220	/87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	A	oward?	Perster
Sex, Male or Female, {Cross out the word not }	····	Male	
Age, Years,	0		one Day
Color,	Li	ght Cop	fun 1
Married, Single, Widow or Widower, {Cross ou required	the words not }	Line	le
Occupation,	(none	V.
Birth Place, State or country, and how long in the United States, if of foreign birth.	7	Baltina	e city
Duration of Residence in the City of Balt	imore,	one d	ay
Place of Death, {Give Street and }	No/N	18/ John	that extly
Cause of Death, Second (Immediate),	6	Sother.	on Hearthout
Duration of Last Sickness,	0	ne day	
Place of Burial, Sharht		-/	-
Date of Burial, Chr 24 4/8)	Benj	J Bon	hier M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

chard Address, Cor

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

geaun Bepariment,	Ging of Baltimore.
Permit No. 99 439 Office of Registra	er of Vital Statistics. Ward 17
requested so to do, under penalty of law.	
No Permit for Burial can be Obtain	ED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE	TIMUS
	Juin 23"/887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	Jamston Katolainston
Sex, Male or Female, {Cross out the word not }	
Age, Years,	Months, Days
Color,	Orhite
Married, Single, Widow or Widower, Cross out the work required in this li	ds not }
Occupation,	(2) A (1) 6
Birth Place, State or country, and how long in the United States, if of foreign birth.	Dales m
Duration of Residence in the City of Baltimore	, a conte
Place of Death, {Give Street and } 1633	- Blackson ah
Cause of Death, Second (Immediate),	evilains
Duration of Last Sickness, All the above information should be furnished by the Physician.	1 day
Place of Burial, It Well ans	6.
Date of Burial, Gerault 24	11/2/6/
(Undertaker, B. Hande	CONTON D
Place of Business, 115' West 11 Ad	Idress. 104 Tortail
(- 1) During, 1 / 1 / 1 / 1 / 1 / 1 / 1	ar ood,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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